SEP 1 5 2005

O/SB/17 (12-04v2)

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

OF The Parameter Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no person are required to	respond to a collection of informa	tion unless it displays	a valid OMB control number.
Effective on 12/08/2004.		nplete if Know	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	Number 09/764,312-Conf. #6764	
FEE TRANSMITTAL	Filing Date	Date January 19, 2001	
For FY 2005	First Named Inventor	Yoshihisa YAMADA	
FOIF1 2005	Examiner Name	A. S. Rao	
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2613	
TOTAL AMOUNT OF PAYMENT (\$) 300.00	Attomey Docket No.	1163-0318P	
METHOD OF PAYMENT (check all that apply)			
X Check Credit Card Money Order No	ne Other (please iden	ttify):	
Deposit Account Deposit Account Number: 02-2448 Deposit Ac	count Name: Birch, St	ewart, Kolasch	& Birch, LLP
For the above-identified deposit account, the Director is	s hereby authorized to: (che	ck all that apply)	
Charge fee(s) indicated below	<u> </u>		cept for the filing fee
x Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	x Credit any overp	payments	
FEE CALCULATION			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			
FILING FEES SE	ARCH FEES EXAMII	NATION FEES	
Small Entity Application Type For (\$) For (\$)	Small Entity	Small Entity	Fees Paid (\$)
Application Type Fee (\$) Fee (\$) Utility 300 150 500	(i) <u>Fee (\$)</u> <u>Fee (\$)</u> 250 200	<u>Fee (\$)</u> 100	i ees Faid (\$)
Design 200 100 100	50 130	65	
Plant 200 100 300	150 160	80	
Reissue 300 150 500	250 600	300	
Provisional 200 100 0	0 0	0	
2. EXCESS CLAIM FEES			Small Entity
Fee Description			Fee (\$) Fee (\$)
Each claim over 20 (including Reissues)			50 25
Each independent claim over 3 (including Reissues)			200 100
Multiple dependent claims			360 180
Total Claims	Paid (\$) <u>N</u>	lultiple Depende	nt Claims
<u>26</u> - 20 = <u>6</u> x <u>50.00</u> = <u>30</u>	0.00 <u>F</u>	ee (\$) <u>F</u>	ee Paid (\$)
Indep. Claims	 Paid (\$)		
3 -3= x =			
3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper	(excluding electronically fi	iled sequence or o	computer
listings under 37 CFR 1.52(e)), the application size fee du		entity) for each ad	lditional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and			
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each :</u> 100 = /50	dditional 50 or fraction thereof (round up to a whole number)		<u>Fee Paid (\$)</u>
4. OTHER FEE(S)	. (100110 0		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity disc	ount)		
Other (e.g., late filing surcharge):		,	
SUBMITTED BY OO / / / /			
Signature	Registration No. (Attorney/Agent) 40,439	Telephone	(703) 205-8000
Name (Print/Type) D. Richard Anderson		Date Se	eptember 15, 2005

Applicant(s): Yoshihisa YAMADA et al. Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS AS AMENDED CLAIMS AS AMENDED Total Claims Previously Paid Previously Present Rate Present Rate Total Claims 26 - 20 = 6 x 50.00 300.00 Independent Claims A bultiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	O9/764,312-Conf. #6764	AMEN Application	NDMENT 7	ΓRANSMI	TTAL LE	TTER	Docket No. 1163-0318P	
Applicant(s): Yoshihisa YAMADA et al. Invention: IMAGE CODING DEVICE AND METHOD FO IMAGE CODING WIS Amendment Commissioner for Patents 2.0. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. Claims Remaining Anter Number Extra Claims Previously Paid Previously Paid Previously Previousl	Applicant(s): Yoshihisa YAMADA et al. Invention: IMAGE CODING DEVICE AND METHOD FO IMAGE CODING AS Amendment Commissioner for Patents 20. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Remaining After Number Previously Extra Claims Present Rate Total Claims 26 - 20 = 6 x 50.00 300.00 (Independent Claims 3 - 3 = x Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 300.00 x Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filing fee is enclosed. X The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.			_	1		Art U	
MS Amendment Commissioner for Patents 2.0. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Remaining After Previously Paid Rate Previously Paid P	AS Amendment Commissioner for Patents 20. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Remaining After Previously Present Rate				9, 2001	A. S. Rao	261	
MS Amendment Commissioner for Patents 2.0. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED	AS Amendment Commissioner for Patents 20. Box 1450 Nexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. Claims	Applicant(s): Yos	ninisa YAMAD	A et al.	-			
MS Amendment Commissioner for Patents 2.0. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED	AS Amendment Commissioner for Patents 20. Box 1450 Nexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. Claims	ovention: IMAGE	CODING DEV	VICE AND ME	THOD FO IM	AGE CODING		
Commissioner for Patents 2.0. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Highest Number Extra Claims Rate	Commissioner for Patents 2.0. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Remaining After Amendment Previously Paid Previously Present Rate Total Claims 26 - 20 = 6 x 50.00 300.00 Independent Claims Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: No additional fee is required for this amendment. Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 x The Director is hereby authorized to charge and credit Deposit Account No. A duplicate copy of this sheet is enclosed. X The Director is hereby authorized to charge and credit Deposit Account No. A duplicate copy of this sheet is enclosed. X Credit any overpayment.		005052.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n			
Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. Claims Remaining After Previously Previously Present Rate	Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. Claims	1S Amendment						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Remaining After Arter Amendment Previously Paid Previously Paid Present Rate Total Claims 26 - 20 = 6 x 50.00 300.00 Independent Claims 3 - 3 = x Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 300.00 x Large Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. x A check in the amount of \$ 300.00 to cover the filling fee is enclosed. x The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment.	Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED		Patents					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. Claims Remaining After Number Previously Paid Present Rate Total Claims 26 - 20 = 6 x 50.00 300.00 Independent 3 - 3 = x Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 300.00 x Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. x A check in the amount of \$ 300.00 to cover the filling fee is enclosed. Payment by credit card. Form PTO-2038 is attached. x The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment.	Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Remaining After Previously Paid Present Rate Total Claims 26 - 20 = 6 x 50.00 300.00 Independent 3 - 3 = x Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 300.00 X Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filling fee is enclosed. X The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.		212.1450					
The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED	The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED	-				ind annlination		
CLAIMS AS AMENDED Claims Remaining After After Number Previously Extra Claims Present Rate	CLAIMS AS AMENDED Claims Remaining After Number Previously Paid Present Rate					• •		
Claims Remaining After Amendment Previously Paid Previously Present Rate	Claims Remaining After Previously Paid Present Rate	The fee has beer	ı calculated an				-	
Remaining After Amendment Paid Previously Extra Claims Rate	Remaining After After Previously Amendment Paid Present Rate				S AS AMEN	DED		
Total Claims 26 - 20 = 6 x 50.00 300.00 Independent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 300.00 X Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filing fee is enclosed. X The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	Total Claims 26 - 20 = 6			, , , , , , , , , , , , , , , , , , , ,				
Total Claims 26 - 20 = 6 x 50.00 300.00 Independent 3 - 3 = x Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 300.00	Total Claims 26 - 20 = 6 x 50.00 300.00 Independent Claims 3 - 3 = x Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 300.00 x Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filling fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.		After	Previously	Extra Claims			
Independent Claims 3 - 3 = x Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 300.00 X Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	Independent Claims 3 - 3 = x Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 300.00 x Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	Total Claims			†		300.00	
Claims Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: Small Entity No additional fee is required for this amendment. Please charge Deposit Account No	Claims Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: Small Entity No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.				0		300.00	
Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: Small Entity No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: Small Entity No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filling fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.		3	- 3 =	<u> </u>	X		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: X Large Entity	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: X Large Entity	Multiple Depend	lent Claims (ch	eck if applicabl	le)			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: X Large Entity	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: X Large Entity	Other fee (pleas	e specify):					
X Large Entity	X Large Entity			OP THIS AME	NDMENT:		300.00	
No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	TOTAL ADDIT	CHALILLI	JI IIIIS AIIIL	MDINERT.	Small Entity	300.00	
Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 300.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.							
A duplicate copy of this sheet is enclosed. X A check in the amount of \$300.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	A duplicate copy of this sheet is enclosed. X A check in the amount of \$	x Large Entity				Oman Emily		
A check in the amount of \$300.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No02-2448 as described below. A duplicate copy of this sheet is enclosed.	A check in the amount of \$	x Large Entity	ıl fee is require	d for this amer	ndment.	Oman Emily		
Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	x Large Entity No additiona	•					
The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	The Director is hereby authorized to charge and credit Deposit Account No	x Large Entity No additiona	ge Deposit Acc	count No	ir			
The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	The Director is hereby authorized to charge and credit Deposit Account No	x Large Entity No additiona Please charge A duplicate of	ge Deposit Acc copy of this she	count No. eet is enclosed	ir I.	n the amount of \$	ed.	
as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment.	× Large Entity No additional Please charge A duplicate of	ge Deposit Accopy of this she	count Noeet is enclosed	ir I to cover	n the amount of \$	sed.	
x Credit any overpayment.	x Credit any overpayment.	× Large Entity No additional Please charge A duplicate of X A check in the Payment by	ge Deposit Accopy of this sho ne amount of \$ credit card. Fo	count Noeet is enclosed 300.00 orm PTO-2038	ir I to cover Is is attached.	the amount of \$the filing fee is enclos		
		× Large Entity No additional Please charge A duplicate of x A check in the Payment by x The Director	ge Deposit Accopy of this should be amount of \$ credit card. For its hereby authors.	count No. eet is enclosed 300.00 orm PTO-2038 norized to charg	ir I. to cover s is attached. ge and credit	the amount of \$the filing fee is enclos Deposit Account No.		
	Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1	X Large Entity No additional Please chart A duplicate of the control of the con	ge Deposit Accopy of this sho ne amount of \$ credit card. Fo is hereby auth	count Noeet is enclosed 300.00 crm PTO-2038 norized to chargolicate copy of	ir I. to cover s is attached. ge and credit	the amount of \$the filing fee is enclos Deposit Account No.		

D. Richard Anderson

Attorney Reg. No.: 40,439

BIRCH, STEWART, KOLASCH & BIRCH, LLP

8110 Gatehouse Rd

Suite 100 East

P.O. Box 747

Falls Church, Virginia 22040-0747

(703) 205-8035

Dated: September 15, 2005



Docket No.: 1163-0318P

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Yoshihisa YAMADA et al.

Application No.: 09/764,312

Confirmation No.: 6764

Filed: January 19, 2001

Art Unit: 2613

For: IMAGE CODING DEVICE AND METHOD FO

Examiner: A. S. Rao

IMAGE CODING

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated June 15, 2005, please amend the above-identified U.S. patent application as follows:

This paper includes:

AMENDMENTS TO THE CLAIMS

REMARKS/ARGUMENTS

09/16/2005 JADD01

00000030 09764312

01 FC:1202

300.00 OP